ATX-559, a First in Class DHX9 Inhibitor, and Targeted Therapeutic for Molecularly Defined Tumors with Genomic Instability and Replicative Stress

Abstract Number: 1758

Jennifer Castro*, Sunaina Nayak*, Matthew H. Daniels, David Brennan, Cindy Collins, Sophie A. Shen, Monique Laidlaw, Jie Wu, Anugraha Raman, Deepali Gotur, Kevin Knockenhauer, Shihua Yao, Simina Grigoriu, Gordon J. Lockbaum, Kate Newberry, Stephen J. Blakemore, P. Ann Boriack-Sjodin, Kenneth W. Duncan, Stuart Ince, Jason A. Sager, Robert A. Copeland & Serena J. Silver



Accent Therapeutics, Lexington, MA / *Presenting Authors

RNA Helicase DHX9 Plays an Important Role in Maintaining Genome Stability Level of Endogenous Cellular Replication Stress/Genor

• DHX9 is a multi-functional RNA helicase, and contributes to genome stability by unwinding nucleic acid secondary structures, including DNA/RNA hybrids (R-loops), circular RNA and G-quadruplexes^{1,2,3}

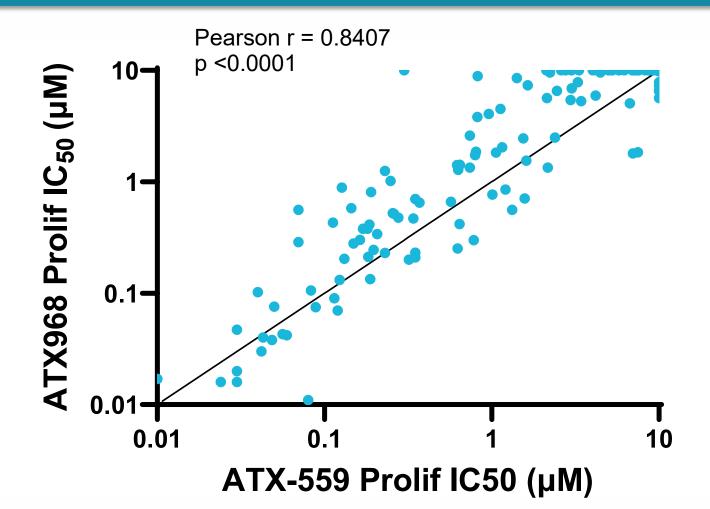
Tolerable increase of

genome instability

- Selective dependance on DHX9 has been observed in molecularly defined tumors that exhibit genomic instability and elevated replication stress
- We previously demonstrated that DHX9 genetic loss or inhibition by the DHX9 tool compound ATX968 was efficacious in tumors with defective mismatch repair and/or high microsatellite instability (dMMR/MSI-H), or with alterations in the DDR genes BRCA1 and/or BRCA2 (BRCA)^{4,5,6}
- Here we describe ATX-559, a potent, selective, orally bioavailable, small-molecule inhibitor of DHX9 helicase activity that is currently in clinical development

ATX-559 Cellular Potency Correlates Well to Tool **DHX9 Inhibitor ATX968**

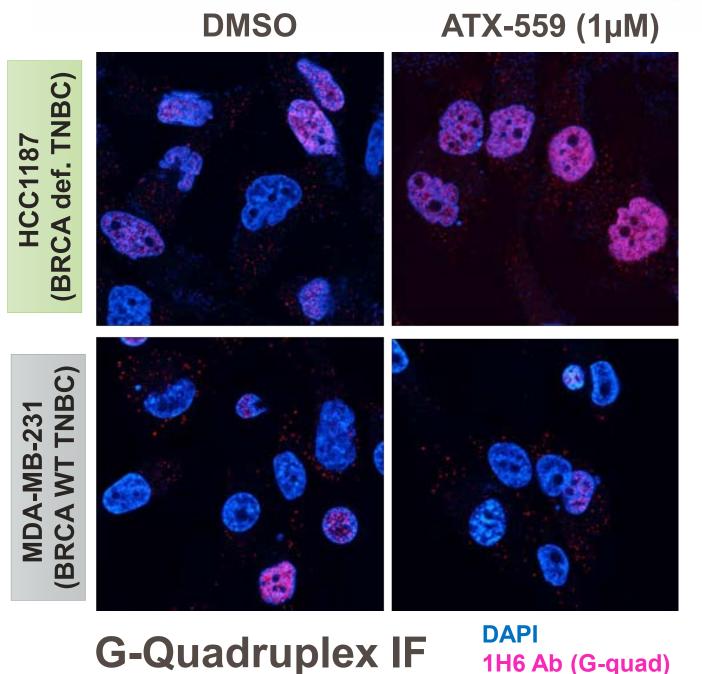
- Inhibition of DHX9 by the clinical candidate ATX-559 demonstrates slightly greater cellular potency than the DHX9 tool compound ATX-968, and fully recapitulates its associated biological effects
- Correlation plot depicts antiproliferative IC₅₀ values across a panel of 165 cancer cell lines

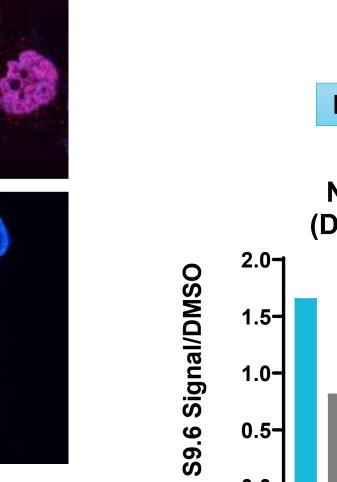


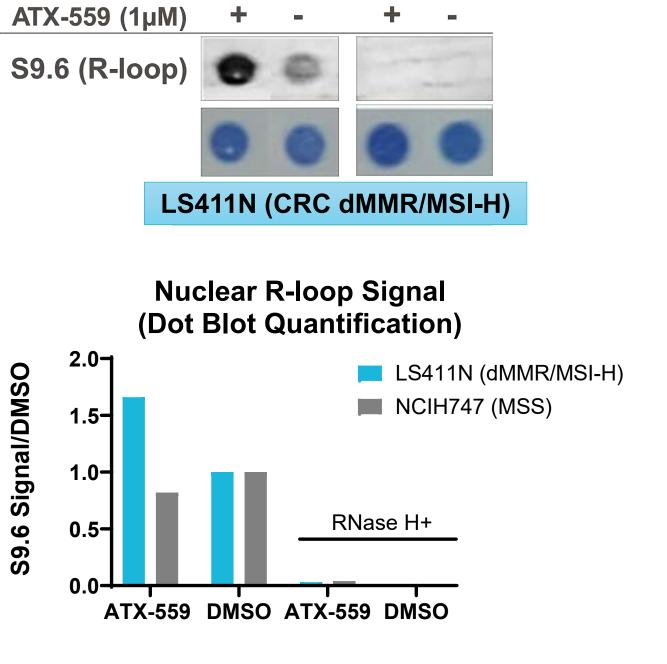
Catastrophic increase of

genome instability

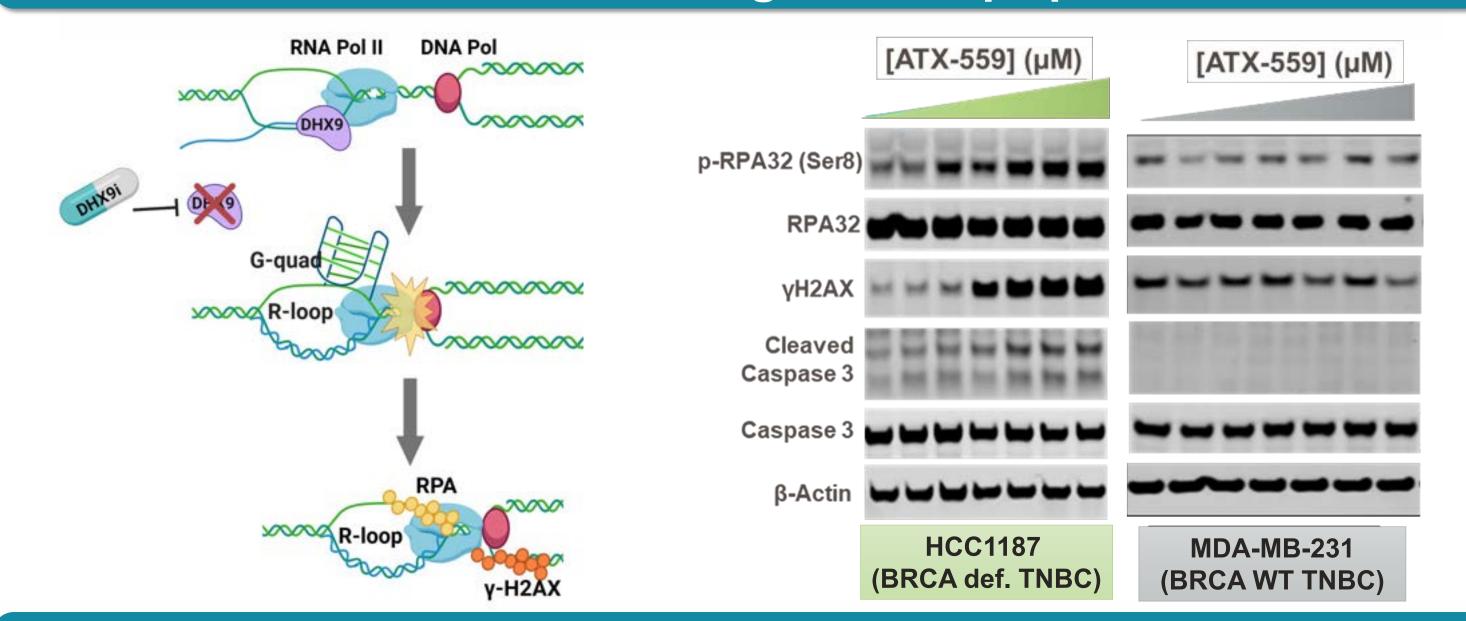
DHX9 Inhibition by ATX-559 Results in Selective Accumulation of Aberrant Nucleic Acid **Secondary Structures**



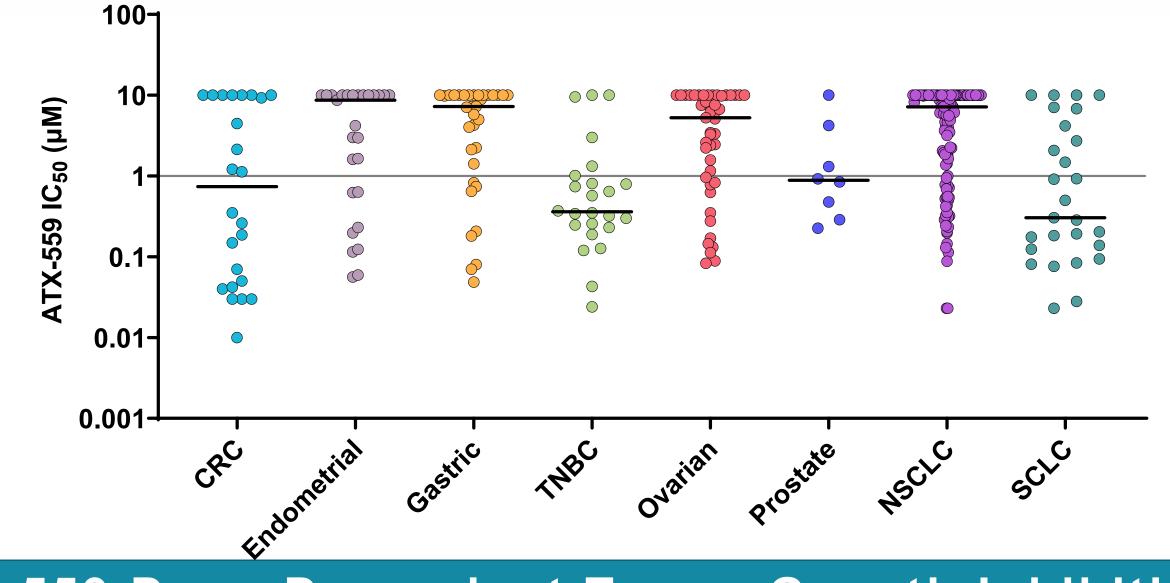




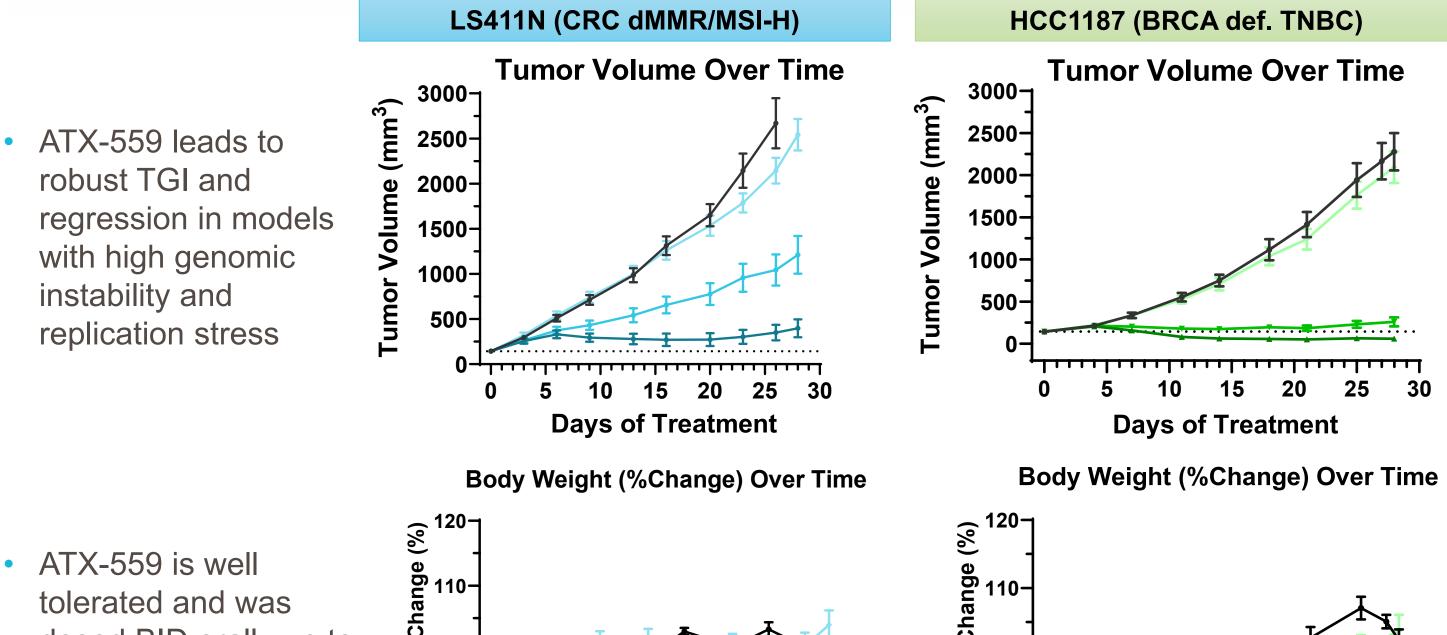
DHX9 Inhibition by ATX-559 Leads to Replication Stress, DNA Damage and Apoptosis



ATX-559 Exhibits Robust Anti-Proliferative Activity In Cancer Cell Lines from Multiple Indications

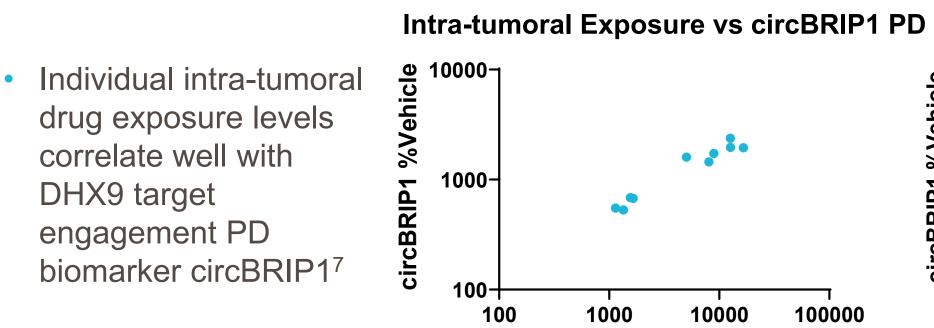


ATX-559 Dose-Dependent Tumor Growth Inhibition in Cell Line-Derived Xenograft (CDX) Models



dosed BID orally up to 28 days in a dose response 15 20 25 30 **Days of Treatment**

DHX9 target



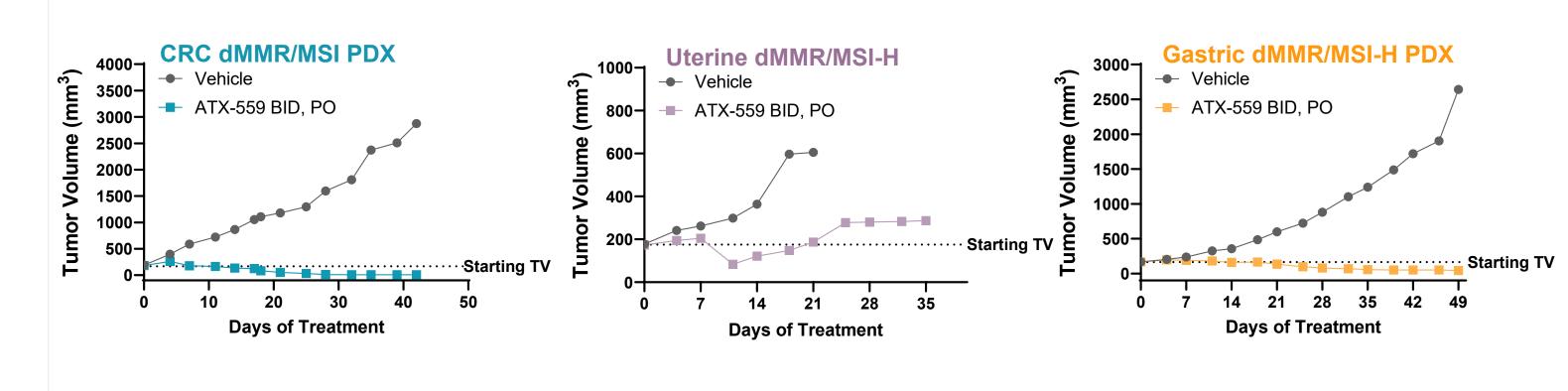
Tumor Exposure (ng/g)

Days of Treatment Intra-tumoral Exposure vs circBRIP1 PD **Tumor Exposure (ng/g)**

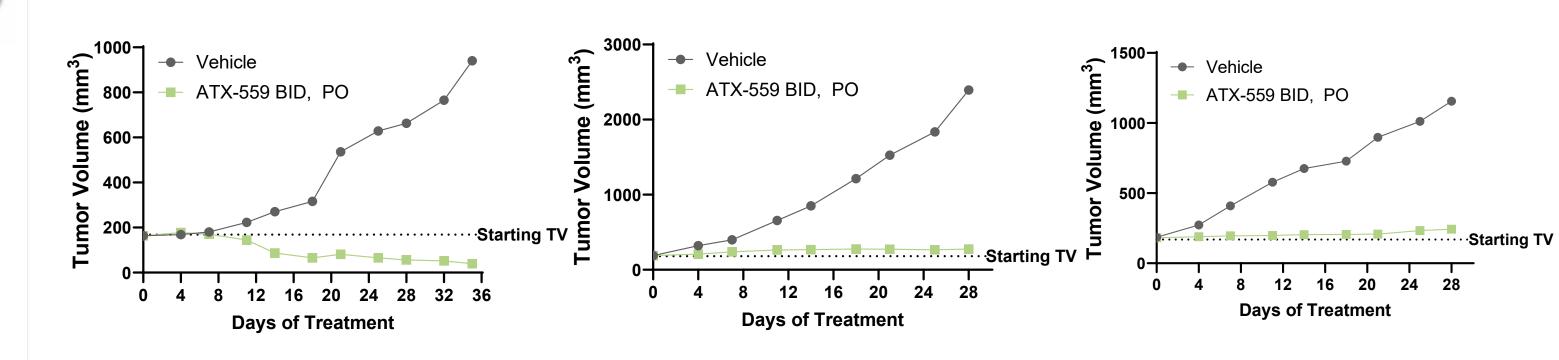
15 20 25 30

ATX-559 Displays Robust Anti-Tumor Activity in a Panel of Patient-Derived Xenograft (PDX) Models

dMMR/MSI-H (CRC, Endometrial and Gastric) PDX Tumors



BRCA Deficient Breast PDX Tumors



Conclusions

- DHX9 is a novel therapeutic target in cancers that exhibit genomic instability and elevated replicative stress, such as dMMR/MSI and BRCA deficient tumors
- ATX-559 is a potent, selective first-in-class oral DHX9 inhibitor which results in selective accumulation of unresolved R-loops and G-quadruplexes further increasing replication stress and genomic instability in these vulnerable tumors leading to irreparable DNA damage, cell cycle arrest⁶ and ultimately cell death
- ATX-559 is well tolerated in vivo, leading to robust and dose dependent tumor growth inhibition and regression in BRCA deficient breast cancer and dMMR/MSI-H CDX and PDX models
- ATX-559 is currently under investigation in a first-in-human, Phase 1/2, open-label, doseescalation and expansion study (NCT06625515), with a focus on advanced or metastatic patients with BRCA-1 and/or BRCA-2-deficient breast cancer or MSI-H and/or dMMR solid tumors. Additional undisclosed solid tumor indications under replicative stress and representing significant patient populations have the potential to be explored either in parallel to the initial indications or in subsequent studies

References

¹Lee and Pelletier, Oncotarget (2016) ²Chakraborty et al, Nature Comm (2021) ³Gulliver et al, Future Science (2020)

⁴Castro et al, Cancer Res (AACR 2023) 83 (7) ⁵Castro et al, Cancer Res (AACR 2024) 84 (1)

⁶Castro et al, Cancer Res; 85(4) 2025 ⁷Brennan et al, Cancer Res (AACR 2024) 84 (6)

Acknowledgements

The authors would like to thank the Accent DHX9 project team, the ATX-559 clinical program team, our highly valued consultants and our wonderful CRO partners, as well as all past and present **ACCENTuators**